

trusts and primary care trusts, and health authorities, from April this year.

Until now health ministers have made such appointments, leading to criticism that health trusts and boards have been "packed" with supporters of the Labour government. Dame Renne Fritchie, the independent public appointments commissioner, reported that 288 non-executive directors and chairpeople were self declared Labour party supporters in 1998, compared with 49 supporters of the Conservatives and 28 of the Liberal Democrats (*BMJ* 2000;320:892). Political bias in appointments meant that more experienced and skilled candidates were often overlooked, she said.

About 3000 chairpeople and non-executives sit on 493 boards, of whom about half are appointed each year. In a recent statement, the NHS Executive said that it was important to ensure that "openness, transparency and fairness" were observed in appointments procedures.

Judy Jones *London*

## Chlamydia increases risk of cervical cancer

Infection with certain subtypes of chlamydia, a bacterium which is commonly transmitted sexually, greatly increases the risk of cervical cancer, according to a new report (*JAMA* 2001;285:47-51).

Although infections with oncogenic strains of human papillomavirus remain the prime cause of cervical cancer, infection with some strains of *Chlamydia trachomatis* seem to contribute to that risk.

The finding is important because chlamydia, though frequently asymptomatic, is one of the most common sexually transmitted diseases and can be treated with appropriate antibiotics. In the United States, between four million and eight million new cases of chlamydia are reported yearly.

The bacterium—which, when symptomatic, causes purulent discharge, dysuria, and urethritis—can also cause ascending

infections leading to pelvic inflammatory disease and infertility. Previous studies indicated that chlamydia is a risk factor for cervical cancer (*International Journal of Cancer* 2000;85:35-9). Though an association had been established, it was unknown if the risk was type specific.

Deborah Josefson *New York*

## Spider venom may prevent atrial fibrillation

Venom from a common South American tarantula spider may contain a protein that could prevent atrial fibrillation.

Research based on rabbits suggests that the peptide GsMtx-4 found in the poison of one of the 800 different types of tarantula may be useful in tackling the cause of rapid and chaotic electrical activity in the atria.



TROY BARTLET

Tarantula: man's best friend?

In the research, reported in *Nature* (2001;409:35-6), a team of US and German scientists investigated what kind of insect venom would block ion channels and prevent cells from swelling and triggering atrial fibrillation.

The team, led by Professor Frederick Sachs of the State University of New York at Buffalo, tried the venom from a number of spiders before finding that the poison from the Chilean *Grammostola spatulata* (or *G rosea*) tarantula worked, with the peptide GsMtx-4 as the active ingredient.

In the research, the team triggered the hearts of the rabbits into a state of arrhythmia with a jolt of electricity and then used extracts of the venom to suppress successfully the abnormal heart rhythm that followed.

Roger Dobson *Abergavenny*

## Cholera sweeps through South African province

Pat Sidley *Johannesburg*

Close to 14 000 people have contracted cholera and more than 50 have died in the South African province of KwaZulu-Natal. The epidemic is spreading among rural dwellers with little or no running water or sanitation. It seems to have started in August after a local authority stopped supplying free water and introduced a charge to very poor people living in an informal settlement near a town called Empangeni.

The epidemic has begun to spread further, with isolated cases so far showing up in three other provinces. One of these cases was in Johannesburg, in a woman who had taken a holiday in KwaZulu-Natal. The rainy season, which is not due to end until March, has meant that the epidemic has gathered momentum in the past two months.

Professor Dave Durrheim, a consultant on infectious diseases to Mpumalanga province, said three cases have been confirmed there, and several others may be diagnosed. Fresh water is being bussed in by tanker to the community where the victims took ill, he said. The South African National Defence Force has been helping get fresh water tankers to rural areas in KwaZulu-Natal, and extensive campaigns are under way in most provinces to educate the public on the need to boil water and use bleach (supplied by the government) and on detecting cases and administering rehydration.

Dr Johann van den Heever, medical adviser to Gauteng province, where Johannesburg is situated, said the province was well prepared should the disease spread there. "Any death from cholera, we would regard as a failure in the public health system," he said.

South African statistics explain a good deal of the danger of a cholera epidemic. Around 80% of poor people have no running water, and a higher proportion have no toilets. In KwaZulu-Natal at least one million people do not have access to adequate sanitation; in the country as a whole this figure is around 18 million.

At an emergency meeting in KwaZulu-Natal earlier this week, the health minister, Dr Manto Tshabalala-Msimang, and her colleague in water affairs, Ronnie Kasrils, met to discuss the situation. They have asked the WHO for assistance in combating the epidemic. Tshabalala-Msimang was critical of the fact that the ministry for water affairs has failed to provide toilets in communities without being asked. "We should not wait for people to ask. We should just go in and do it," she said. A programme to address some of the needs is due to start in April, funded by part of a 500 million rand grant (£44.3m; \$66.6m) from the European Union. It will initially concentrate on building toilets. □



AP PHOTO/CHRIS BODENSTEIN

A mother tries to rehydrate her baby in the cholera epidemic